Commonwealth of Massachusetts Labor Relations Commission 399 Washington Street, 4th Floor

Boston, Massachusetts 02108

EMPLOYEE ORGANIZATION INFORMATION REPORT

(Form1)

Do not write in this space	
File No: Date:	

Pursuant to M.G.L. c. 150E, §13, all employee organizations must file a statement of its name, the name and address of its secretary or other officer to whom notices may be sent, the date of its organization, and its affiliations, if any, with other organizations. 1a. Full legal name of employee organization, including any local or district designation If incorporated, state of incorporation 1b. 1c. Date of organization Full name of organization affiliate, if any 1d. Name and address of secretary or other 1e. officer to whom notices may be mailed 2. Type of employee organization (check one): National or Local Other (describe): International Month and day on which fiscal year ends 3. Names and address of officers 4. Annual salary \$ \$ 5a. Dues 5b. Agency service fee 5c. Initiation fees 5d. Fines or assessments 6. Certifications and recognitions held (attached additional sheets if necessary) Effective dates Date of certification of of most recent **Employer** recognition Description of unit contract M.G.L. c.150E, §14 requires a statement of purpose. Please attach statement to this form. (president) Date (treasurer) Date

Whoever knowingly files a state or report pursuant to M.G.L. c.14, which report is false in any material representation, shall be punished by a fine of not more than five thousand dollars. M.G.L. c. 150E, §15.